

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be additional reimbursement for date of service 07/18/01.
  - b. The request was received on 01/28/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA-1450
  - c. EOBs
  - d. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 06/07/02.
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to Medical Dispute
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
  - c. There was no carrier sign sheet noted in the dispute packet. A carrier response dated 06/28/02 is found in the case file. All information in the case file will be reviewed.

### **III. PARTIES' POSITIONS**

1. Requestor: No Response
2. Respondent: Letter dated 06/28/02:

"THE CARRIER, IN DETERMINING WHAT CONSTITUTES A 'FAIR AND REASONABLE RATE' DID CONSIDER THE MEDICARE, PPO, AND HMO PAYMENTS, AND REVIEWED THE COMMISSION'S OWN GUIDELINES FOR ACUTE CARE."

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 07/18/01.

2. Per the TWCC-60, the provider billed the carrier \$4,128.51 for DOS.
3. Per the TWCC-60, the carrier reimbursed the provider \$1,118.00 for DOS.
4. Per the TWCC-60 the amount in dispute is \$3,010.51.
5. This decision will address only those denial codes the provider was aware of prior to filing for dispute resolution.

## **V. RATIONALE**

Medical Review Division's rationale:

The provider submitted a HCFA -1450 for ambulatory surgical services for DOS 07/18/01. The carrier denied the charges in dispute as fair and reasonable. The Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.

When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. After review of the dispute file, no documentation was noted to support the services billed. **No** reimbursement is recommended.

The above Findings and Decision are hereby issued this 4<sup>th</sup> day of September 2002.

Donna M. Myers, B.S.  
Medical Dispute Resolution Officer  
Medical Review Division

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